

ABSTRACT

SCHOOL OF SOCIAL WORK

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AN ANALYSIS OF SELECT BARRIERS TO GRIEF COUNSELING GROUPS

FOR ADOLESCENTS BY SCHOOL SOCIAL WORKERS

IN GEORGIA PUBLIC SCHOOLS

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This study explores select barriers to grief counseling groups for adolescents by Georgia public school social workers. The purpose of this study is to determine if there are select barriers in place in school systems that prevent school social workers from conducting grief counseling groups within the school setting for adolescents. Seventy-five (75) survey participants were selected for this study utilizing non probability convenience sampling from among the participants of the selected Savannah site for the study. The survey participants were composed of school social workers who were members of the state chapter of School Social Workers Association of Georgia (SSWAG) organization, which is the state charter of the larger School Social Workers Association of America (SSWAA) national organization. This study employed a survey

questionnaire entitled, *A Study of Barriers to Grief Counseling Groups for Adolescents in School*, and a four-point continuum Likert scale. The findings of the study indicate that there is no statistical significance between select barriers -- amount of time provided during a school day, administrative support, and social work caseloads -- when compared to conducting grief counseling groups. The data indicate that there is no relationship between the select barriers and conducting grief counseling groups. However, responding school social workers agree that grief impacts adolescents and interferes with teaching and learning in school, and that a comfort level with the topic of grief is required in order to conduct grief counseling groups. The overall findings of this study revealed that grief counseling groups are underutilized interventions by Georgia public school social workers, who are members of the School Social Workers Association of Georgia organization. Although Georgia public school social workers recognize the importance of grief counseling groups as effective interventions for adolescents, grief counseling groups are not being conducted at higher percentages by school social workers for adolescents, based on the frequency distribution data.

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IN GEORGIA PUBLIC SCHOOLS

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BY
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CHAPTER I

INTRODUCTION

The loss of a parent may be the most significant and life altering event for a child, particularly an adolescent. Adolescents are, by nature, in a stage of life that is embedded with so many changes both internal and external. According to the Psychology Dictionary (2014), adolescence is defined as the stage of development that begins with the pubescent years around the age of ten and continues until physical maturation is reached around the end of the teenage years -- even though development differs among individual persons of the same age range.

The death of a significant person in an adolescent's life affects the world view and internal perception of adolescents on a major scale. When the death of a parent occurs during adolescence, the developmental tasks that adolescents and young adults face must be considered because young people are not able to put these processes on hold while they cope with bereavement (Balk, 1991). Adolescents face the normal developmental task of cutting parental ties based on relationships of dependence, revising them based on relationships of equality. A parent's death can seriously disrupt this process of emotional emancipation, creating feelings of chaos and uncertainty (Hooyman & Kramer, 2006). Due to adolescents' level of cognitive, psychological, and social development, they may express inner turmoil through self-harm, physical complaints, or

aggressive behavior because of their reduced ability to conceptualize and verbalize distress (Cooper, Hooper, & Thompson, 2005). When adolescents lose a parent, they struggle with identity alternatives and begin to define themselves by contrast and continuity (Balk & Vesta, 1998; Tyson-Rawson, 1996). The adolescent's immediate reactions to the death of a parent may appear brief, when, in fact, the parent's death continues to influence the adolescent's life (Kirwin & Hamrin, 2005).

When this physical bond is broken, adolescents often struggle with understanding who they are and who they will become as they mature into adults. Prior to settling into a more permanent value system, adolescents are engaging in both death acknowledgement and life affirmation. They assume and question different belief systems regarding death and the afterlife, while incorporating the very reality of personal mortality into their evolving self-identities (Noppe & Noppe, 2004). Tensions exist between these polarities that are distinct for this phase of the lifespan. The majority of adolescents resolve these dilemmas with generally healthy outcomes as they transition into adulthood. Other adolescents succumb to close encounters with death, if not death itself, through substance abuse, suicide, eating disorders, gang violence, delinquency, and other forms of self-destructive behavior (Noppe & Noppe, 2004).

Important loss (death) in an individual's life may cause various kinds of bereavement reactions. Most individuals cope with bereavement effects in various ways and they adapt themselves to the new situation. Conversely, some individuals may have problems coping with and analyzing bereavement effects caused by loss. Parent loss in this period may bring serious developmental and academic problems in children and adolescents (Karakartai, 2012). When adolescents experience severe emotional pain,

they are tempted to “numb out” to avoid the painful and unfamiliar emotions (Walker & Shaffer, 2007). Death may affect adolescents in later adulthood, if the loss is not given proper attention and if adolescents are not provided grief support and the opportunity to express their pain. Despite the risk among bereaved adolescents for developing major psychiatric disorders, mental health services are not routinely offered (Dowdney et al., 1999).

Statement of the Problem

Recognizing the impact that loss has on adolescents, it is critical that adolescents be provided with interventions that can help them appropriately cope with their grief. Although counseling resources are often available for adults, fewer resources are available for grieving adolescents who often must grieve alone or with limited support (Slyter, 2012). Grief counseling groups are positive interventions that can assist adolescents in developing healthier coping skills. These skills can empower them to process their grief in a positive way. Groups can provide an environment that promotes resilience, which acts as a protective factor against the physical, emotional, social, and cognitive grief responses of adolescents. “Groups of peers struggling together buffer life’s blows and can even turn adversity into opportunity” (Lee & Swenson, 2005, p. 587).

School social workers are trained professionals who can take the lead in providing adolescents with appropriate interventions that can help them cope with grief. School social workers are professionals who have experience in working with adolescents. According to the School Social Workers Association of Georgia, school social workers

work with students who struggle with school attendance, adjustment to school, and achievement in school, thereby enhancing their opportunity to succeed (SSWAG, 2009).

School social workers help to alleviate external barriers that impact both academic and social achievement for youth. Homelessness, mental health issues, unemployment, teen pregnancy, drug abuse, poverty, violence, and the death of a loved one are all external barriers that may pose a negative threat to the academic and social success of adolescents. Grief, as an external barrier, can take the form of excessive withdrawal, irritability, or perfectionism. Grieving adolescents are at risk for problems with eating, drinking, depression, cutting, loss of interest in friends or activities, or decline in grades (Strobe et al., 2005).

School social workers are excellent resources for grieving adolescents who need to talk with adults outside of the family. The challenge for the school social worker is to assist adolescents to develop more balanced and less stressed oscillations between loss and restoration orientations (Strobe et al., 2005). The role that school social workers play within public school systems is critical, as they help students and families navigate resources to address these and other external barriers.

The practice of group counseling is an intervention model used in the social work profession. In social work, the therapeutic benefit of group membership is conceptualized as stemming from mutual aid (Gitterman, 2004; Schwartz 1974; Shulman, 2008). However, the use of group counseling interventions is often underutilized despite the fact that available research suggests that group participation may be particularly helpful in reducing social isolation and assisting bereaved individuals in moving through the bereavement process more quickly (Forte, Hill, Pazder, &

Feudtner, 2004; Piper, Orgodniczuk, Joyce, & Weidman, 2011; Piper, Orgodniczuk, Joyce, Weidman, & Rosie, 2007).

Some public school social workers face challenges that may reduce the amount of group counseling interventions that are provided for adolescents, such as increased case loads and lack of administrative support. According to a study conducted by Dr. Wanda Whittlesey-Jerome (2012), sixty-four school social workers across the state of New Mexico responded to the quality of the workplace with questions focused on the impact of the economy, rising caseloads and attrition, and concerns about the future. The research indicated that increasing caseloads and unfilled positions continue to concern school social workers. In fact, complaints about increasing caseloads were very common. One respondent stated, “at this time, when stressors for families are at a peak in our area, the social workers that are retiring are not being rehired, as a result, caseloads are rising and we don’t have the time to do family work, prevention, and skill building that help students be more effective in their daily lives” (Whittlesey-Jerome, 2012, p. 47). Another respondent stated, “high caseloads and multiple schools... make our work become meaningless” (Whittlesey-Jerome, p. 47). According to Dr. Whittlesey-Jerome, there was an overall sense that administrators did not understand that the quality of services tends to diminish when the caseload numbers are too high.

Research indicates that adolescents benefit from participating in group settings with their peers. As stated by Scalzitti (2007), the preferred intervention for grieving students is support groups. These groups allow peer support, fit well in the school setting, and model empowerment, as opposed to emphasizing pathology. Recognizing the benefits of group counseling for adolescents highlights the increased need for more

intensive interventions in this area, particularly in the modality of grief group counseling in public school systems. School social workers can assist public school administrators in ensuring that adolescents are provided with practical and effective interventions, such as grief counseling groups for adolescents who have experienced the death of a parent or other loved one (Scalzitti, 2007).

School social workers should be encouraged to address the needs of this population and provide meaningful and effective interventions that can buffer the effects of grief for adolescents. Providing grief group counseling programs and other strength-based programs for adolescents, within the context of the school setting, may help adolescents to engage in more positive behaviors. The death of a parent can affect children's self-esteem and can be associated with more behavior problems, high levels of anxiety, social withdrawal, and lower sense of self-efficacy (Worden, 1996). For teenagers, death can become an area of fascination; for some, it is even a romantic concept. Much to the chagrin of adults, teenagers may flirt with death by engaging in dangerous activities, such as fast driving, experimenting with drugs, or taking other unnecessary risks (Webb, 2005). Recognizing the possible issues associated with adolescents and grief, it is important to note the positive impact that group counseling can have on this population. According to Malekoff (2004), those who feel connected are less likely to engage in high-risk behavior.

School social workers play a critical role in creating caring communities of support around issues of loss and bereavement in schools. They are best equipped for this role when they have up-to-date knowledge of current best practices. Such practices include an understanding of the dual process model of grief and loss, the salience of

continuing bonds, and knowledge of how grief plays out at different stages of child development. School social workers wear so many hats in schools; hence, when loss occurs, they are responsible for providing clinical interventions, serving as liaisons to the community, and consulting with teachers and other school personnel (Rowling, 2005).

Purpose of the Study

This study explores select barriers to grief counseling groups for adolescents as defined by Georgia public school social workers. The purpose of this study is to determine if there are barriers in the school system that prevent school social workers from conducting grief counseling groups for adolescents within the school setting. The participants of the study are Georgia public school social workers who are members of the state chapter of School Social Workers Association of Georgia (SSWAG) organization, which is the state charter of the larger School Social Workers Association of America (SSWAA) national organization.

Research Questions

The research questions of the study were as follows:

1. Is there a relationship between time provided during a school day and conducting grief counseling groups?
2. Is there a relationship between administrative support and conducting grief counseling groups?
3. Is there a relationship between social work caseloads and conducting grief counseling groups?

Hypotheses

The null hypotheses of the study were as follows:

1. There is no relationship between time provided during a school day and conducting grief counseling groups.
2. There is no relationship between administrative support and conducting grief counseling groups.
3. There is no relationship between social work caseloads and conducting grief counseling groups.

Significance of the Study

Some public schools that employ school social workers may not provide grief group counseling interventions to adolescents who have experienced the death of a parent or loved one. However, research continues to show the positive impact that group counseling has on helping adolescents through their grief process. According to Dr. Leek-Openshaw (2011), in *School Psychology International*, after students experience a traumatic event, group counseling is an effective tool to offset the effects of grief and distress. The American School Counselor Association has endorsed group work as an important component of school counseling programs, and research has demonstrated the effectiveness of group work in schools. Yet, there is still considerable variation in practice of group work in schools (Akos, Goodnough, & Milsom, 2004). School social workers can be essential in the arena of advocating for an increased focus on providing grief group counseling interventions for adolescents affected by grief. School social

workers are trained professionals who understand the complexities of individuals within their environment.

School social workers must have the resources and opportunities to provide group interventions within the public school setting to adolescents who are affected by grief. Administrative support, funding, and availability of time are factors that need to be addressed in public education systems in order for public school social workers to provide group interventions to adolescents dealing with grief. In a study conducted by Dr. Lisa Quinn-Lee (2009), in which she analyzed the services that school social workers provide to grieving students in Minnesota, results indicated that school districts need to reconsider the budget allotted to hiring school social workers and to the resources they need. Dr. Quinn-Lee also highlighted that school social workers' roles should be expanded so they can respond to new and emerging needs of grieving students.

This study purports to shed some light on the barriers to grief counseling groups for adolescents by Georgia public school social workers. Identifying the barriers to grief counseling groups for adolescents is important because it will help school social workers, school administrators, and state educational leaders see the impact that grief has on adolescents. It will also highlight the importance of group counseling for adolescents in the public school setting. This study is also significant because it will demonstrate the critical role that school social workers have in providing group counseling interventions to adolescents.

CHAPTER II

REVIEW OF LITERATURE

The purpose of presenting this review of literature is to provide a scholarly foundation in order to establish a need for this study. This chapter is a review of the current literature surrounding the barriers to grief counseling groups for adolescents by school social workers in Georgia public schools. The review covers an historical overview of school social work, Georgia policy and school social workers, grief and adolescent development, grief counseling groups in public schools, and barriers to grief counseling groups in public schools.

Historical Overview of School Social Work

School social work is a specialty practice area within the social work profession. Social work studies people in their environment and looks to understand the effects that the environment has on an individual. Social workers, therefore, assist individuals in dealing with problems within their environment. Willam G. Bruggemann (2002), author of *The Practice of Macro Social Work*, indicates that social workers struggle to get to the root of social problems by exposing injustice and discovering where human need exists. Social workers help people to recognize and address their own needs within their community, environment, and society. The National Association of Social Workers (NASW) is the national professional organization for Social Work. In the Preamble of its

Code of Ethics, NASW states that the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty (NASW, 2008). Social workers are professionals who must uphold the core principles outlined in the NASW Code of Ethics. The NASW Code of Ethics indicates that this constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience (NASW, 2008). The core values of social work are service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.

The specialty area of school social work practice was developed in the early 1900's as an intervention to address the compulsory school attendance laws. The compulsory attendance laws established mandatory school attendance for children. These laws generally provide that children between certain ages must attend public, private, or home school, and failure to comply may be a criminal violation (La Morte, 2008). The development of child labor laws coincided with the compulsory attendance laws. Northern states such as New York, Massachusetts, Illinois, and Connecticut were the first states to establish the practice of school social work (Allen-Meares, 1994).

In the early 1900's, school social workers were termed visiting teachers. The role of a visiting teacher was to act as a liaison between the school and the community in an effort to address the unique needs of students and families. Visiting teachers were responsible for the promotion of student attendance and protecting the educational rights of children (Georgia Department of Education, 2014). The two primary objectives of the

visiting teacher were to support and educate families about the importance of their children attending school, and to provide educators with information about the circumstances and experiences of the children coming to their classrooms (Corbin, 2005; Nesbit, 1976).

The need for visiting teachers grew, which influenced the growth of school social work practice. By 1930, twenty-one states had incorporated school social work services as a permanent part of the school system (Constable et al., 2002). A 1917 study of truancy in Chicago supported “findings that the need for school attendance officers who understood the social ills of the community” (Allen-Meares, 1994, p. 25) and school social workers were best equipped for that responsibility. School social workers have a unique ability to address both the internal and external aspects of a student’s educational process. School social workers assist students in achieving both academic and social success.

In the 1970’s, school social work services were officially recognized through the Education of All Handicapped Children’s Act of 1975 (P.L. 94-142), which was renamed the Individuals with Disabilities Education Act in 1990. The Individuals with Disabilities Education Act provided a greater level of visibility and need for school social work services within the public education system (Allen-Meares, 1994).

In 1992, with the help of the National Association of Social Work, the first School Social Work Credential Exam was given. In July 1994, driven by a need for more specific services for school social workers, a group of about 64 school social workers from across the country met in Edwardsville, IL; the group decided to form the School Social Work Association of America and drafted the first constitution and by-laws for the

organization (Allen-Meares, 1994). In June 2009, a second national organization incorporated, the American Council for School Social Work, after reviewing the direction of the profession and concluding that a stronger, enhanced national voice would benefit the profession.

School social work has been recognized in some countries for more than a century (for example, the United States), and for some only a few decades (for example, mainland China). School-based social work is a growing profession with approximately 50,000 practitioners employed in an estimated 43 countries (Kelly, 2008). Working to address the psychosocial, academic, and physiological needs of school-age youths, school-based social workers around the globe provide a variety of services, including but not limited to: individual, familial, and group therapy; case management; teacher and classroom support; and children and family advocacy (Huxtable & Blythe, 2002).

The role of the school social worker has changed significantly since its beginning as the liaison between schools and immigrant children in settlement houses. Today, school social work roles have significantly expanded to keep pace with the problems commonly found in schools (Kopels, 2006). School social workers are distinct from other school personnel in their contributions to the assessment and intervention of students at risk. School social workers are itinerant. They work with different students for different problems at different times in different places. They also deal with the fundamental human needs in a real social context.

School social workers are a bridge between community and family. The development of school social work is rooted in the school's recognition of the importance of nonacademic factors in the student's success in learning, adjustment, and growth.

School social workers bring a unique professional knowledge and skill to the school system. They are hired to enhance the school system's ability to meet its academic mission, especially where a priority on home-to-school and community collaboration is key to achieving that mission (Georgia Department of Education, 2014).

School social workers use the approach of working with relationships between people and their environment, and utilizing prevention strategies and interventions designed to contribute to the overall health of the school environment. Prevention, focusing on the total wellness of the student body, and intervention, targeting those students at risk, are combined to promote a school climate that encourages all students to learn and to develop social competence. Through assessment, crisis intervention, and coordination of community services, school social workers help students, families, and school systems overcome barriers that interfere with learning (Georgia Department of Education, 2014).

School social workers pick up where teachers leave off. They are, perhaps, the professionals best equipped to address the social and psychological issues that can block academic progress. Through counseling, crisis intervention and prevention programs, school social workers help young people overcome the difficulties in their lives and, as a result, give them a better chance at succeeding in school (NASW, 2014). Research shows that the number of school social workers in a school district positively influences the number of high school completers. School districts with social workers had more students completing high school, indicating that the knowledge and skills that social workers bring to the school districts can lead to better educational outcomes (Alvarez, 2013).

About 5% of the nation's approximately half of a million social workers work in the schools, primarily in public school settings. Besides helping youth with traditional academic problems, social workers serve others whose specific social, psychological, emotional, or physical difficulties put them at risk for falling through the cracks. These include homeless youth, gay and lesbian youth, and young people with physical or mental disabilities. Because social workers are trained to think of innovative solutions to complex problems, their interventions often make a strong difference for young people at risk for academic failure (NASW, 2014).

Social workers use a variety of organizational and empathic tools to help both students and community address their grief, to heal and to move on (NASW, 2014). Social workers are uniquely equipped to intervene with at-risk youths in the school settings, because the field of social work emphasizes training and understanding of youths who are affected by severe poverty, abuse, neglect, and disabilities (Allen-Meares, 2010).

School social workers are well-suited for group interventions that address loss and grief because of their training in theories of child and adolescent development, as well as their practical training in group therapy (Finn, 2003). The school social worker plays a critical role in assisting students, their families, and the school community in coping with loss. School social workers are often the ones to whom an entire school turns for help when one or all members of the school community are in pain. Responding to a crisis of this magnitude requires a number of sophisticated skills, including the management of one's own grief reactions, the skill of helping other helpers

manage their grief issues, and the gift of teaching others how to talk about grief and loss with children and staff (Massat, Moses, & Ornstein, 2008).

In the United States, one out of every twenty children lives with either one or no parent because of death. One out of every 750 teens dies each year. One out of every 100 pregnancies ends in infant death. As Rainbow Life Services (2003) so poignantly explains, school children deal with grief every day (Massat, Moses, & Ornstein, 2008).

As a profession, school-based social work has recognized the ethical need to offer school-based practitioners ways to critically appraise the research evidence and, therefore, be able to offer youths the most effective and evidence-based services to meet their needs (Powers, Bowen, Weber, & Bowen, 2011). With the increasing number and intensity of social problems experienced by students in today's society, creative school social workers will have to work with educators to ensure that service delivery helps the greatest number of students in the most effective and efficient way (Staudt, 1991).

Georgia Policy and School Social Workers

School social workers have a powerful federal mandate to work in the public schools--the Individuals with Disabilities Education Act (IDEA); Part 300/A/300.34 (U.S. Department of Education, 2004). The law is comprised of a definition of related services to include health, nursing, and social work services (Whittlesey-Jerome, 2012).

In the state of Georgia, Code CJB 160-5-1.22 Personnel Required is the policy that governs required school level personnel within Georgia public school systems. Under this policy, school social workers are employed based on the unweighted full-time equivalent (FTE). The unweighted full-time equivalent count is the total number of

enrolled students by segments in each program specified by law, divided by six. A segment equals one-sixth of a school day (Georgia Department of Education, 2014).

According to Code CJB 160-5-1.22 Personnel Required, each base-sized school system shall employ one full-time visiting teacher/school social worker. If less than base-sized, school systems shall provide the services of a visiting teacher/school social worker part-time or contract for services across system lines. A school system with an FTE count of 1,650-3,299 shall provide visiting teacher/social worker services no less than half-time or contract across system lines for services no less than half-time. No more than 4,125 FTE may be served by a single individual under contract for visiting teacher/school social worker.

A school system may meet this requirement with an attendance officer in lieu of a visiting teacher/school social worker provided the attendance officer was employed in the school system prior to July 1990, the employment has been uninterrupted, and the attendance officer is paid from local system funds. The funding formula for Georgia public school social workers is 1 school social worker for every 2,275 students (Georgia Department of Education, 2014). The recognized standard as best practice is 1 social worker for 800 students (American School Health Association, 2014). This ratio is used for all Department of Education grant applicants as an appropriate guideline.

According to the Georgia Professional Standards Commission (GaPSC), the commission that certifies educators in the state of Georgia, school social workers are eligible for certification in the field of school social work if they meet the following requirements: 1) completion of a Master of Social Work (M.S.W.) degree from a GaPSC –accepted accredited institution and satisfying Special Georgia Requirements

and the Basic Skill Requirement; 2) completion of a state- approved certification preparation program in school social work at the master's degree level (level 5) or higher and satisfying Special Georgia Requirements; and 3) submission of a valid State of Georgia Master Social Worker's or Clinical Social Worker's license issued by the Professional Licensing Boards Division of the Office of the Secretary State, O.C.G.A. Title 43 (GaPSC, 2012).

An applicant must meet the Special Georgia Requirements applicable to the field of school social work: 1) Recency of study; 2) Standards and conduct; and 3) Non-renewable professional certificate. Non-renewable professional certificates in the field of school social work are issued in the following situations at the request of a school system based on employment and following general procedures for certification application: 1) The applicant has met all requirements of a state-approved certification preparation program at the master's degree level or higher in school social work and is missing Special Georgia Requirements; 2) The applicant has satisfied all other Clear Renewable certificate requirements except that the highest degree held is social work at the bachelor's degree level (level 4) for completion of the options outlined in 1(a); 3) The applicant currently holds a Clear Renewable certificate in any field at a level 4 or higher and presents verification of acceptance into either a state-approved certification preparation program in school social work at the master's degree level or higher or a GaPSC-accepted accredited Master of Social Work (M.S.W.) degree program for completion of the options outlined in 1(a); or 4) The applicant holds an expired Georgia Clear Renewable school social work certificate or a professional out-of-state certificate in school social work (valid or expired) at the master's degree level or higher to meet

Special Georgia Requirements outlined in 1(a) and / or Standard Renewal Requirements (GaPSC, 2012).

Grief and Adolescent Development

Although we typically refer to grief and loss, the more appropriate term in many ways is loss and grief, since loss precedes grief. Regardless of the order, grief and the pain of loss are universal human experiences that every person repeatedly encounters, although the meaning and rituals of grieving vary tremendously by culture. Loss is produced by an event that the individuals involved perceive to be negative and results in long-term changes to their social situations, relationships, and patterns of thought and emotion (Bozarth, 1994).

In 1944, Erich Lindemann conducted one of the earliest studies of the characteristics of grief. Lindemann described pathognomonic characteristics of normal or acute grief as somatic or bodily distress of some type, preoccupation with the image of the deceased, guilt relating to the deceased or circumstances of the death, hostile reactions, and the inability to function as one had before the loss (Lindemann, 1944).

The word “grief” is derived from the Latin *gravare*, meaning to burden or to cause distress. The Oxford English Dictionary (1989) defines grief as a great sadness caused by trouble or loss and a heavy sorrow. Synonyms of grief are anguish and heartache, while the antonym is joy. Other terms such as “loss” and “bereavement” are also used when referring to grief. Loss is the action of losing or having lost something, while bereavement relates to the loss of a person by death (Dunne, 2004).

Cowles (1996) states that whether grief is in response to the death of a loved one, to the loss of a beloved object, or to an intentional significant change in one's life, almost everyone will experience grief to a variable degree more than once during the course of a lifetime. Grief is a process as identified by Worden (1991), meaning it takes a substantial amount of time to complete. Some researchers refer to the process of grief as being immeasurable in terms of time, as there are always reminders of the loss in the form of birthdays and anniversaries that stimulate aspects of grief for a long time (Parkes, 1998; Patterson, 1987). Stroebe et al. (1993) view the inability to be prescriptive about the length of the grieving period as a positive. They suggest that many people maintain a "timeless" emotional involvement with the deceased, and this attachment often represents a healthy adaptation to the loss of a loved one.

The concepts of loss, grief, and bereavement are born out of the seminal work of Lindemann (1944), who noted that grieving persons developed coolness in their relationships with others, displayed heightened irritability and anger, and withdrew socially, despite the efforts of others to maintain the relationship and demonstrate support (Dunne, 2004). Three structural features are required for a person to be bereaved: 1) The person must value someone or something (for instance, a father, a reputation, or an ability); 2) What the person values is taken away irrevocably, for instance, an adolescent's best friend is killed in a car crash; and 3) The person is left to grieve this loss. Bereavement impacts a person on several dimensions (physically, cognitively, emotionally, interpersonally, behaviorally, and spiritually), and is often more intense and lasts longer than unaffected outsiders expect (Balk, 2011).

Grief is the normal psychological, social, and physical reaction to loss. It is experienced through: Our feelings, thoughts, and attitudes; our behavior with others; and our health and bodily symptoms (Rando, 1988). According to Worden (2009), normal grief, also referred to as uncomplicated grief, encompasses a broad range of feelings and behaviors that are common after a loss.

Within normal grieving, there is a wide range of behaviors. Clayton, Desmaris, and Winokur (1968) found that common reactions included depressed mood, sleep disturbance, crying, and difficulty concentrating. Normal reactions to grief include anxiety, loneliness, fatigue, helplessness, shock, yearning, emancipation, relief, numbness, disbelief, confusion, preoccupation, sense of presence, hallucinations, sleep and appetite disturbance, dreams, and over activity (Worden, 1991).

According to Bowlby (1980), a death loss is a disruption in the attachment bond a person has with a significant other in his or her environment. As such, the system must reorganize to a different level and that process generally follows in four phases. Phase I is characterized by emotional numbing and an initial disbelief that the death has actually occurred. This phase usually lasts from a few hours to a week and may be interrupted by outbursts of extreme emotion. Phase II included yearning and searching. Survivors may be restless, preoccupied with thoughts of the deceased and prone to initially interpret events (phone ringing, door opening) as coming from the deceased person. Also common are crying, calling to the person, and paying attention to stimuli that suggest the presence of the person. Bereaved persons may or may not be aware of their yearning and searching (Bowlby, 1980).

Phase III is the experience of disorganization and despair. It will become apparent that attachment behaviors that were effective in maintaining the attachment bond while the deceased was alive are no longer working. The bereaved person begins to wonder if any part of their subsequent life is salvageable. Phase IV involves a greater or lesser degree of reorganization. Now that the bereaved individual has come to realization that life must go on, various changes may begin to take place. Thoughts of the deceased begin to take a different place in the bereaved's life. Social relationships and responsibilities may also be changing to accommodate a world without the person who was lost (Bowlby, 1980).

According to John Bowlby (1980), the mourning process generally flows through four stages. He describes the first state as one of numbness; family members are left in shock and are unable to fully comprehend that their loved one will no longer progress through the natural phases of development. Bowlby described the second stage as yearning and searching for the deceased. In attachment theory, this is the natural behavior response activated during the separation experiences. The third stage is marked with disorganization and disorientation. It is the stage that is further complicated when pre-existing disorganized patterns of attachment are already embedded with implicit examples actively internalized within grieving family members (Bowlby, 1980).

The fourth and final phase of mourning is described as the phase exemplifying some degree of re-organization (Bowlby, 1980). Bowlby (1980) claimed that this fourth stage was not a stage of detachment from the loss experience. These four stages outline the bereaved individual's efforts to comprehend the loss and revise a sense of self and

world that must co-exist without the loved one. And the final phase of re-organization merely indicates a decrease in disorganized and disoriented responses (Thomson, 2010).

Bowlby (1980) states that it should be understood that grief is fluid and most people do not begin with stage one and proceed in an orderly fashion to completion. There is a great deal of movement among and within the stages. Each of the stages of grieving has its own characteristics and considerable differences manifest from one person to the other, thereby making grief and individualized phenomenon among individuals (Dunne, 2004).

In an addition to Bowlby's (1980) phases, Westberg (1962) describes ten fairly common experiences for people in grief. These experiences are shock, emotional release, depression, physical symptoms of distress, anxiety, hostility, guilt, fear, healing through memories, and acceptance. According to Westberg, the shock of death is to be expected even after a long terminal illness and months of anticipatory grief. People often describe the first few weeks of grief as having been on auto-pilot. There is little actual memory of specific details, merely the knowledge that one did what had to be done. It is not uncommon to see intense emotional release at the time of the death, and then have it seem to dry up for a number of weeks. When the shock finally dissipates, the bereaved will often find strong emotions such as anger, fear, remorse, and extreme loneliness (Westberg, 1962).

Depression adds feelings of helplessness and hopelessness to already existing emotions. A very common phenomenon, especially in children, is physical symptoms of distress. If the deceased died of a heart attack, the survivor(s) may experience tightness

in the chest, pain radiating to the jaw and down the left arm, and other symptoms associated with a heart attack (Westberg, 1962).

Anxiety occurs during grief, the bereaved experience vivid dreams, waking and sleeping, in which they see and or hear their loved one. There is also spiritual anxiety that is expressed as: Where is my loved one now? Is he or she happy? There is also the fear that the anger being felt toward God will bring about punishment in the form of additional losses. Anger usually surfaces 6 to 8 weeks after death. This rage is sometimes random; sometimes specific. God, medical professionals, clergy, and the deceased are frequent targets. Usually the individual is confused by the intensity of anger, seeing it as inappropriate, but feels unable to defuse it (Westberg, 1962).

Guilt is sometimes real, often imaginary or exaggerated. Death amplifies whatever problems existed in a relationship and little issues that were virtually ignored in life are now insurmountable obstacles for the survivor. Fear wears many faces with the bereaved. There may be a fear of sleeping in the same bedroom. There may be a fear of leaving the house or staying in it. People are often afraid of aloneness, which comes after death. There is a fear of never knowing joy again or not being able to laugh without guilt (Westberg, 1962).

According to Westberg (1962), healing for the bereaved can occur through memories of the deceased. The bereaved's memories fluctuate between good and bad. At times it seems that there is a need for self-punishment and so all the negative aspects of the relationship are resurrected and relived. The happier moments often seem too painful, and it may take many months before these can be faced, but there is still healing in remembering (Westberg, 1962).

Acceptance is the final experience of grief. Westberg (1962) indicates that there is a difference between accepting the reality of death and forgetting the person who has died. As with healing of any serious wound, there will always be a scar to remind one of the injury. With time will come a lessening of the pain, until finally the injury can be touched, remembered, and accepted as a new part of the life being lived (Westberg, 1962).

Kubler-Ross (1969) proposes another theory of loss, which describes grief in five stages: 1) Denial; 2) Anger; 3) Bargaining; 4) Depression; and 5) Acceptance. This five-stage model has been put forward as a means of understanding and coping with dying. The development of the model stemmed from Kubler-Ross' work with dying patients and as a psychiatrist. While the seminal work of Kubler-Ross has been recognized and used by many professionals as a model for coping with death and dying (Dunne, 2004), she never intended to suggest that grief occurred in stages but rather to report what feelings she observed in dying patients.

The antecedent to grief is loss. Loss can occur in many different ways; for example, the loss of a relationship, loss of treasured objects, or the loss of some aspect of self. However, it has been argued that the ultimate loss is the loss of a loved one (Dunne, 2004). Humphrey and Zimpfer (1996) believe that there is never just one loss event. They have emphasized that there are secondary and symbolic losses. At times, past, repressed losses emerge to compound and complicate the situation. Grief, as a response to illness or loss, is an individualized response that is determined by many antecedents, such as the relationship with the deceased, the mode of death, history of mental illness, and life crises before death (Parkes, 1998).

Despite such a wide variety of approaches to discussions of grief, it is possible to identify predominant attributes of grief (Cowles & Rodgers, 1991). Since grief does not progress in a linear or rigid way, it is described as being a dynamic process. Grief encompasses a broad range of feelings and reactions that are common after a loss. These affect the entire person and are therefore pervasive (Dunne, 2004).

There are many consequences of grief. Parkes and Weiss (1995) refer to the grieving process as a psychosocial transition. This is defined as a situation in which a person is faced with the need, over a relatively short period of time, to give up one view of the world and develop another (Parkes, 1998; Parkes & Weiss, 1995). Stroebe et al. (1993) assert that the bereaved person is challenged in many ways during the course of psychosocial transition. The death of a loved one necessitates a revision of the assumptive world, which brings with it a high degree of pain and anxiety. The bereaved person must make a number of changes in lifestyle, such as making decisions alone and sleeping alone (Stroebe et al., 1993).

As a result, individuals in transition often withdraw from the challenges of the outside world and restrict their social contact to just a few trusted people (Dunne, 2004). Stroebe et al. (1993) stress that it is during this transition period that bereaved persons require emotional support-protection through the period of helplessness and assistance in discovering new models of the world appropriate to the emergent situation.

A further consequence of grief is adaptation which infers that the bereaved person will adapt to the loss, although life will never be the same again (Parkes, 1998). Kissane et al. (1996) demonstrated that cohesiveness, conflict, and expressiveness influence the adaptation of grieving. Cohesiveness is of particular importance and is concerned with

sharing distress, mutual supportiveness and intimacy among family members. Conflict, low cohesiveness and low expressiveness characterized families that were considered dysfunctional (Kissane et al., 1996). While injury has occurred to the person, as a consequence of grief, the person may be wiser in the sense of having a fuller understanding or experience of life; however, the loss is remembered (Karl, 1987).

There is no debate about the natural, normal, unique and lifelong process of the grief and death of a loved one. The loss is an intensely individualized experience. Yet, given an understanding of human growth and development, some general predictions about the concept of death and the grief reaction can be made based upon common patterns of cognitive and emotional maturity at various stages of childhood (Schoen, Burgoyne, & Schoen, 2004).

Although the grief processes of young children and adults have been studied in depth, adolescent bereavement, particularly in response to the death of a parent, is an area of limited research (Clark, Pynoos, & Goebel, 1996; Garber, 1995; Harris, 1991; Kandt, 1994; Meshot & Leitner, 1993). Adolescents are a distinct group with very specific developmental needs that complicate the normal grieving process (Lenhardt & McCourt, 2000).

Adolescence is a developmental period filled with change, particularly as teenagers struggle with issues of independence versus dependence. It is normal to expect conflict in determining how to deal with grief. Anger, depression, withdrawal, acting out, noncompliance, frustration, and confusion are typical grief responses (Metzgar, 2002).

Adolescents' grief typically is manifested as confusion, crying, feelings of emptiness and/or loneliness, sleep and eating disturbances, and exhaustion. Because of their egocentrism, adolescents are likely to think that their grief is unique and incomprehensible to both themselves and others. As a result, they may express their grief only in short outbursts or they may try to suppress it because they do not want to be perceived by others as emotionally out-of-control (Corr, Nabe, & Corr, 2003).

According to Harris (1991), many adolescents who have experienced the death of a significant other -- whether a friend, sibling, or parent -- respond to the loss by inhibiting their grief. Adolescents' reluctance or inability to grieve expressively often contributes to the lack of response by adults to adolescents in the aftermath of a significant loss. The more composed adolescents appear, the greater the risk may be of experiencing complicated grief known as unresolved grief (Lenhardt & McCourt, 2000).

Unresolved grief occurs "when the grief process is prolonged, obstructed, intensified, or delayed" (Meshot & Leitner, 1993, p. 295). Adolescents who refuse to engage or are incapable of engaging in the mourning process may be vulnerable to unresolved grief, which could interfere with the recovery process. Adolescents, as a result, may be unable to resume relationships with significant others and may find it difficult to again feel pleasure (Meshot & Leitner, 1993). Those who cannot resolve their grief may be at risk for depression, physical illness, and increased risk of drug and alcohol abuse (Keitel, Kopala, & Robin, 1998; Raphael, 1983; Zisook & Devaul, 1985).

Adolescent bereavement tends to be simultaneously continuous and intermittent, encompassing grief that comes and goes throughout an overall extended process. The intense, somewhat transitory quality of adolescent feelings, the desire to fit in and not be

different from peers, or the lack of support from peers or adults may also complicate the grief process (Corr, Nabe, & Corr, 2003).

Adolescence is a time of paradox. In order to establish emotional connections with others and to work in collective endeavors, adolescents first must separate themselves emotionally from their loved ones. Teenagers' struggles with parents, teachers, other authority figures, and even peers represent their efforts to gain a sense of individuality and competence. By early adulthood, they also must acquire a sense of self-coherence so that they can join others, particularly in intimate committed relationships (Balk & Corr, 2001).

Grief is a time of paradox as well. The bereaved generally must be able to express anger, resentment, and ambivalence before they can reconnect with others. Given teenagers' paradoxical developmental tasks, it is not surprising that their grieving process is complex (Hooyman & Kramer, 2006). While adolescent perceptions of death are becoming more mature, mourning during this period is complicated by concurrent developmental tasks. Adolescents are facing intense psychological, physiological, and intellectual pressures (Wolfelt, 1991).

Psychologically, teens are in the process of striving for independence, while still depending upon family for emotional and financial support. Physiologically, adolescents are experiencing many physical changes, often feeling awkward during the process. Intellectually, many teens are being encouraged to succeed academically to secure and hold a future. The death of a loved one can be a shattering event during an already challenging period of life (Schoen, Burgoyne, & Schoen, 2004).

Many youth become bereaved due to the death of someone close to them during adolescence. It is important for counselors and others working with young people to understand how grieving youth respond to the loss of a loved one. During adolescence, development forms the back drop to how youth cope with irrevocable loss. In order to understand how grieving youth respond to the loss of a loved one, it is important for counselors, clinicians, and others working with youth to understand how bereavement impacts adolescent development and how adolescent development impacts bereavement (Balk, 2011).

It has become useful in the past several decades to adopt the idea that adolescent development occurs in three phases: early adolescence, middle adolescence, and later adolescence (an idea introduced by Peter Blos in 1979). Early adolescence is considered to extend from approximately the ages of 10 to 14, and is marked by the onset of puberty. Middle adolescence extends from the ages of 15 to 17, and later adolescence extends from 18 to 22. Bereavement requires adolescents to cope behaviorally, cognitively, and affectively with five core issues: the predictability of events, mastery/control, belonging, fairness/justice, and self image. Additionally, the content of these behavioral, cognitive, and affective responses change according to the adolescent's current maturational phase (Balk, 2011).

According to Erikson's (1963, 1968) theory of development, adolescence is characterized by individuation, separation, and the search for one's identity. In addition, adolescents must negotiate the tasks of this developmental period that include managing puberty, developing new cognitive capacities, gaining a clearer notion of personal and sexual identity, exploring behaviors such as smoking, drug use, considering early

vocational plans, cultivating relationships with peers, and acquiring a set of values and an ethical orientation that guides behavior (Christie & Viner, 2005; Perkins, 2008).

The experience of grief following the death of a loved one is a challenging process for most individuals, and especially adolescents. Various emotional responses, thoughts, and behaviors may be part of the grief process for adolescents. Teens' backgrounds, family stability prior to the death, personal capacities, and social abilities affect their resiliency and coping during the bereavement process (Hooyman & Kramer, 2006). The trajectory of adolescent grief is mediated by emotional and intellectual capacities. In addition, because developing adolescents are gaining a sense of self and personal mastery, the loss experience may be devastating and may shatter their developing sense of control (Balk & Corr, 2009). The varying levels of developmental growth and cognitive ability have "direct bearing on how children conceptualize and cope with death" (Andrews & Matrotta, 2005, p. 39).

According to Fristad, Jedel, Weller, and Weller (1993), 4 % of American youth experience the death of one or both parents before their 15th birthday. In a more recent study, Christ (2002) found that, in the United States, more than 2 million children and adolescents (3.4%) younger than 18 years have experienced the death of a parent. It is important to recognize that adolescents who experience the death of a parent face additional challenges in navigating the physical, mental, emotional, and social adjustment associated with adolescent development (Reed, 2008).

Parental death is one of the most traumatic events that can occur in childhood, and several reviews of the literature have found that the death of a parent places children at risk for a number of negative outcomes. While there is some evidence that clinicians

can play an important role in supporting parentally bereaved children and their families, more research is needed to provide a strong evidence-based platform for what kinds of interventions are most helpful for children (Haine, Ayers, Sandler, & Wolchik, 2008).

Adolescents face the normal developmental tasks of cutting parental ties based on relationships of dependence and revising them based on relationships of equality. A parent's death can seriously disrupt this process of emotional emancipation, creating feelings of chaos and uncertainty. Although a major task of adolescence is separation and individuation from parents, a parent's death makes that separation complete, final, irreversible, and frequently sudden and unanticipated. Even while separating, they also need the stability of the parent to come back to periodically, and death ends that stability. As a result, adolescents may feel unsafe and abandoned by a parent's death (Corr, Nabe, & Corr, 2003; Tyson-Rawson, 1996).

As individuals enter adolescence, they are confronted with a plethora of changes that occur all at once. Not only are they undergoing significant physical, emotional, and cognitive changes, they are also grappling with developing a sense of independence and autonomy, struggling with the pressures of social acceptance and peer relationships, and adjusting to sexually maturing bodies and accompanying feelings. Experiencing the death of a loved one during this already challenging time of life may leave adolescents confused, angry, or depressed (Thomas, 2011).

In an article published by Dr. Carol Thomas (2011), *Supporting the Grieving Adolescent: An Interview with a 21st Century Perspective*, Thomas interviews Wendy Litner Thomson, the bereavement coordinator and counselor at St. Luke's Hospice in Bethlehem, Pennsylvania. In the interview, Wendy expounds upon what makes grieving

particularly difficult for adolescents. According to Wendy, the teen years are about negotiating one transition after another and one relationship after another (Thomas, 2011). Teens get a lot of practice adapting to changes during these years, and much trial and error occurs along the way. These efforts are focused on defining an integrated self-identity that, essentially, seeks to answer the question, “who am I in the world?” (For example, “how do I act in the world to reflect who I am and what I value?”). Basically, these are questions at the heart of grief, regardless of age. Adults are also challenged to answer the same questions following the death of a significant person in their lives as they re-learn who they are. For a teen, however, this is a one-two punch. Developmentally, they have not yet fully learned who they are, and now, with a death to complicate the process, there can be tremendous uncertainty, anxiety, and behavior changes that can often be worrisome to adults who care about them (Thomas, 2011).

From the interview conducted by Dr. Carol Thomas (2011), in *Supporting the Grieving Adolescent: An Interview with a 21st Century Perspective*, Wendy Litner adds that human beings come to know themselves by the relationships they have with others. For teens who have lost a loved one in their lives, they will be missing an important “mirror” -- a person who reflects back to them part of the answer to the question of who they are. That’s a big empty space, and it will be empty for a while as the brain and mind adjust, as life is lived, and as the meaning of the loss is integrated. Without the person who has died physically present, there can be a lot of role confusion (Thomas, 2011).

According to Thomas (2011), Litner explains that another reason teens have difficulty coping with loss is because we all need support in our lives, especially when we are grieving. A common place to find support is within our family-of-origin, yet one

of the major tasks of adolescence is to separate from the family-of-origin and develop strong peer relationships. After a death, teens may feel very different as though they no longer fit in with their peer group. Friends may not be in a position to be supportive. They may not know what to say. They may not understand the reality of grief. For an adolescent who has lost someone to death, it can be an experience like having leprosy, an analogy used by C. S. Lewis (1961) about his own experience. A person can feel like a real outcast or misfit, and teens, generally, don't want to feel different. If someone is feeling disconnected from his or her friends and, concurrently, is struggling to establish some independence from family, all sorts of imbalances can arise that ultimately impact feelings of self-esteem and self-efficacy (Thomas, 2011).

Important loss (death) in individuals' life may cause various kinds of bereavement reactions. Developmental factors shape adolescents' reactions and responses to the death of a parent (Christ, 2002). Most individuals cope with bereavement effects in various ways and they adapt themselves to the new situation. On the other hand, some individuals may have problems coping with and analyzing bereavement period effects caused by loss. Parent loss, in this period, may bring serious developmental and academic problems in terms of children and adolescents (Karakartai, 2012).

Recent research in childhood and adolescent bereavement shows how health professionals can support the adolescent's coping strategies and prepare the family to facilitate an adolescent's mastery of adaptive tasks posed by the terminal phase of the parent's illness, the death, and its aftermath (Christ, 2002). Research has identified several malleable child and family-level factors that can be important foci of clinical

work with bereaved families, including: providing education about the grief process; teaching parents and children techniques for increasing children's self-esteem, adaptive control beliefs, positive coping, and support for emotional expression; and teaching parents strategies to enhance the quality of parent-child relationship, and increase positive family interactions as well as decrease parent psychological distress and negative life events that occur for the children and parent. These potentially malleable mediators of outcomes for parentally bereaved children provide valuable starting points for development of intervention strategies to promote the healthy adaptation of these children and their families (Haine, Ayers, Sandler, & Wolchik, 2008).

Loss is a natural and expected part of life. Before reaching adulthood, the majority of children and adolescents will experience the loss of a close or special person. Therefore, it is very important for educators and staff at all levels to have a strong understanding of the ways in which they can support grieving students. This includes having a solid understanding of expected grief reactions as well as the ability to identify reactions or behaviors that are indicative of unhealthy mourning. School personnel should be aware of the resources available for bereaved students at their school sites as well as their communities, and be ready and willing to direct both students and families to needed support (Graydon, Jimerson, & Fisher, 2010).

It is important to remember that there is no right or wrong way for children and adolescents to react to a loss, and that no two children are expected to react in exactly the same way. Grief reactions among children and adolescents can be highly variable and are influenced by several factors, including students' developmental level and/or the presence of mental challenges or disabilities. For example, children with exceptional

needs may possess fewer coping strategies, making their reactions similar to those expected in younger children (Graydon, Jimerson, & Fisher, 2010).

The nature of the loss may also have a great impact on a child's reaction. Factors such as traumatic or unexpected deaths, the loss of multiple family members, suicide, and homicide are associated life changes that may occur as a result of the loss, including a move, a change in the family's financial situation, or the impaired care giving abilities of the surviving parent or guardian (Graydon, Jimerson, & Fisher, 2010).

While heterogeneity is expected in grief reactions, some general trends exist that can help teachers and other school staff understand typical and atypical reactions of bereaved children. Sadness, confusion, and anxiety are among the most the common grief responses and are likely to be observed in children of all ages and ability levels (Graydon, Jimerson, & Fisher, 2010).

Grief is a unique experience for each individual and, while most people cope with grief and adjust to the loss, for some it is particularly difficult. Prigerson et al. (1995) suggest that the final outcome of grief is not always positive, as many individuals never reach grief resolution. Support is vital for persons who are bereaved and for those who might experience abnormal grief reactions. Bereavement is a unique event in a person's life and, as such, different forms of support may have to be considered for different individuals and families (Dunne, 2004).

Grief Counseling Groups in Public Schools

The practice of group work has often been an area of focus in the social work profession. In 1935, the National Conference on Social Work formed a group work

section. Group work became more closely associated with social work (Toseland & Rivas, 1998). Group work is a method of group leadership used in organizing and conducting various types of group activities. While group work developed first in connection with recreation and was voluntary in formal education, its use is not confined to those fields. It is increasingly being used in various types of institutions, hospitals and clinics, the extra-curricular activities of schools, and similar situations (NASW records, AAGW section, folder 806, SWHA).

As first articulated by Schwanz (1974, 1994), and later expanded upon by Shulman (1999) and Glitterman and Shulman (2005), the existence of multiple relationships whereby members give assistance to and receive help from one another is the defining characteristic of group work and, indeed, what most distinguishes it from other forms of social work intervention. The group is an enterprise in mutual aid, an alliance of individuals who need each other, in varying degrees, to work on common problems. The important fact is that it is a helping system in which the clients need each other as well as the worker (Schwartz, 1974).

The mutual aid model is based on the assumption that the experience of being with others with similar life challenges is empowering. As applied to individuals with a history of trauma, group membership offers members a number of distinct therapeutic advantages. When survivors discover they are not alone -- that they are all experiencing the same situation -- their sense of isolation is decreased, and they can begin to confront and deal constructively with the difficulties associated with the traumatic event and its aftereffects (Shulman, 1999).

Members' interactions with one another can begin to alter their distorted views of social relationships and restore their sense of trust in others and self. Therefore, the process of group members' discussions is as important as the content. As members share their experiences and reactions, they are simultaneously working on their relationships with one another. As such, they are developing greater comfort in social interaction and a deeper sense of connectedness. Group participation leads to changes in internalized object relations and members' sense of self because members' feelings and experiences are validated, and they develop a sense of connection to one another (Knight, 2006).

As illustrated in *Real Girls: Shifting Perceptions on the Media, Relationships, and Identity*, Clayborn and Traylor (2010) review group development as described by Tuckmen and Jensen (1977). The five stages of group development according to Tuckmen and Jensen are: 1) Forming, 2) Storming 3) Norming, 4) Performing, and 5) Adjourning. During the forming stage, group membership is not fully understood and youth require guidance and direction from the facilitator. At this stage, it is common for group members to appear less engaged and uninterested in the group process. In the storming stage, group members are still searching for their purpose. Power struggles may develop during this stage, as group members begin to examine their place in the group process. This is a natural process for the group; the facilitator should expect feelings of uncertainty and slight discomfort from group members (Tuckmen & Jensen, 1997; Clayborn & Traylor, 2010).

The norming stage is important in the transformation of the group because, during this stage, group members become more active and engaged participants in the group process. The facilitator's role becomes more of an observer during this stage. During the

performing stage, group members begin to take on a more intense leadership role concerning group activities; they begin to execute tasks. In the adjourning stage, the group finalizes their tasks and celebrates their accomplishments. This may be a time of sadness for some who have developed a connection to the group. It is important to be sensitive to the feelings of all group members during this time. Closure activities, such as discussing the group process, strengths, and weaknesses, may help group members move through this stage more easily (Tuckman & Jensen, 1977; Clayborn & Traylor, 2010).

The literature on group counseling has often noted its particular appropriateness for adolescents (Hagbog, 1991). One familiar explanation offered by Patterson (1971) is that adolescents tend to be group oriented, are more willing to discuss concerns in the presence of peers, find mutual support in sharing concerns among themselves, and may be open to change under peer, rather than adult, influence.

Research indicates that grief groups led by counselors in schools can be an effective way to assist students who have undergone traumatic events, such as the death of a loved one (Samide & Stockton, 2002). In the case of parental death, it is often beneficial for the child to receive some of this support outside the family unit because family members are often too preoccupied with their own grief to provide the support needed (Healey-Romanello, 1993).

According to Cornell and Pack (1993), bereavement support groups used within a public school setting are effective interventions for youth who have experienced a loss. These groups can be especially comforting to the developing adolescent. The group

setting helps students feel less isolated as they cope with their situation and provides assistance from peers in working through normal stages of grief. Peer support can assist the adolescent in identifying acceptable ways to express emotions. The support group can provide a safe setting for students to explore and express the intense emotions regarding their loss. Identifying and expressing emotional reactions can help adolescents come to terms with their grief (Cornell & Pack, 1993).

According to Tonkins (1991), children who are grieving need to have their feelings validated and normalized. Education about the grief process and coping skills are also essential to facilitate the grief recovery process for children (Aspinall, 1996). Samide and Stockton indicate that bereavement groups are one way to provide children with an environment that assists with grief recovery (Samide & Stockton, 2002).

In a study on therapeutic group work with children as a social work intervention, Neary and Brandon (1977) cite that group work is an effective method in direct work with children. The authors' advocate group work with children as having the potential to tackle issues in a child-centered way, being an essential support service for children in their communities (Neary & Brandon, 1997).

Abundant evidence drawn from various disciplines supports the efficacy of the group modality in a broad range of settings and contexts with a wide variety of client populations (Barlow, Burlingame, & Fuhriman, 2000; Fuhriman & Johnson, 2004; Rubel & Kline, 2008). In a study conducted by Garrett (2004), a survey of 54 school social workers indicated that they used group work extensively in their practice to address a number of student issues.

There is empirical evidence that group interventions work for bereaved children (Finn, 2003). Tonkins and Lambert (1996) illustrated that grief groups have many positive effects on children who have experienced the death of a family member. Group interventions provide an outlet for the feelings of grief and powerlessness youth experience after a traumatic event.

Research shows that group work is an effective methodology to address the needs of large numbers of students and teachers who have experienced trauma or who are experiencing grief (Finn, 2003; Huss & Ritchie, 1999; Tonkins & Lambert, 1996). Huss and Ritchie (1999) reported that group interventions may help reduce feelings of isolation and normalize feelings associated with loss.

In a small study, Huss and Ritchie (1999) conducted a 6-week bereavement group and found that children who participated in the groups reported that they felt their experiences had been normalized through interacting with other children who had experienced similar losses. Goldberg (1998) also found that children no longer felt alone after participating in group. In a study by Tonkins (1991), where ethnic, cultural, and socioeconomic groups varied, research found that the children who had participated in a grief group reported a significant decrease in negative feelings and grief symptoms, such as social withdrawal, depression, and anger.

Long recognized as an indispensable component of effective school counseling programs, group counseling is one means of coping with growing student loads and increasing duties (Borders & Dury, 1992; Corey, 1995; Praport, 1993; Schectman, 1993). Done well, group counseling can make planned, purposeful, and effective counseling available to greater numbers of emotionally needy students (Becky & Farren, 1997; May

& Housley, 1996; Phillips & Phillips, 1992). In schools, group counseling offers excellent potential for increasing the number of students served in counseling (Sells & Hays, 1997).

Samide and Stockon (2002) found that school counselors in Indiana, who participated in an informal survey, indicated that those who facilitated grief counseling groups found them to be a gratifying experience. One respondent noted that these groups are especially effective because the students are motivated to attend. Another respondent, who had been working in schools for 24 years, indicated that she felt the issue of providing students with grief counseling support had been given inadequate attention throughout her tenure.

Group counseling is an effective intervention when working in a school setting (Perusee & Goodnough, 2009). The professional literature suggests that group counseling is effective and helpful to students (Whiston & Quinby, 2009). Shectman demonstrated that short-term group counseling correlated with significant improvement of achievement scores and interpersonal relationships (Schectman, 1993). In an analysis of school counseling outcome research, Whiston and Sexton (1998) concluded that group counseling is effective in assisting young people to adjust to changes in family structure and to manage aggression and stress.

Group counseling is an efficient intervention when compared to individual counseling, as the counselor or school psychologist can see multiple students simultaneously. Second, from a developmental and pedagogical perspective, students often learn best from each other. Group counseling provides an excellent forum to promote student-to-student learning and is often experienced by students as an enjoyable

and meaningful aspect of school. Related to this, the power of the peer group can be garnered for positive growth and development. Finally, groups are a microcosm of society and, as such, provide real-life settings in which students can work out issues and problems (Gladding, 2008; Greenberg, 2003).

A review of literature (McClanahan et al., 1998) found that group counseling in schools was more effective than individual interventions, fostering better developed social competencies within groups, bringing about new insights that were unavailable through individual work, and enhancing social skill development. An additional review of literature (Bemak et al., 2005) found that group counseling in public schools is a more effective intervention in addressing some of the serious problems facing youth, particularly at a time when peer relationships, social skills, and social interaction are not considered priorities in an era of high-stakes testing, test results, and academic productivity.

Research shows that group counseling has been linked to improvements in achievement scores and interpersonal relationships (Schechtman, 1993), and enhanced learning, particularly when the emphasis has been on self-awareness and responsible behavior (Campbell & Myrick, 1990). Group counseling in schools is a central means of supporting student growth and development. Providing effective group counseling experiences to students requires leadership, specialized knowledge and skills, and the ability to advocate effectively for the inclusion of a program of group counseling within school (Perusee, Goodnough, & Lee, 2009).

Perusse, Goodnough, and Lee (2009) contend that group counseling initiatives address developmental milestones, provide remediation, and promote a healthy climate

within the school. Group leaders can reasonably expect that most or all students would benefit from participating in groups designed to promote academic, career, or personal/social development. The authors further assert that remedial (intervention) groups help students develop coping skills to assist them in coming to terms with difficult personal and social issues. These groups seek to empower students to regain control over their lives and engage (or re-engage) in the learning process. Groups that include remedial issues may include grief and loss (Perusse, Goodnough, & Lee, 2009; Huss, 2004). Psychoeducation also has a place in remedial groups. Students coping with the loss of a loved one need to be taught about the stages of grieving, as such knowledge is helpful in the process (Perusee, Goodnough, & Lee, 2009).

School psychologists are interested in providing effective and efficient direct services to children. With a wide spectrum of psychological problems impacting children, group counseling represents one viable and valuable intervention. Given the complexity of group counseling, many schools and school psychologists are interested in legal and ethical issues impacting group interventions. From the attainment of appropriate consents for counseling to ethical dilemmas, the challenges involved in direct services are vast. Crespi (2009) maintains that, overall, with the average child spending approximately 6 hours each day in school, and given that academic performance and behavioral adjustment are correlated with conflict in the home, the repercussions of family difficulties on school performance is notable.

Atkinson et al. (1993) indicate that although youth problems stem from a wide range of both internal and external forces, oftentimes students having problems in school are preoccupied with concerns outside of the school setting. According to Bauer et al.

(2000), these external problems may result in disruptions in family and community life that can hinder the emotional, social, and academic growth and development of children and youth. Crespi (2009) points out that group counseling programs targeted in an array of family issues are one viable intervention model. Group counseling is one illustration of a useful intervention model that can positively impact children. The challenge, from this point forward, is helping practitioners and schools begin to implement the model (Crespi, 2009).

Membership in a group has been found to be at least more effective as, and in some studies more effective than, engagement in individual counseling (Vlasto, 2010). The experience of being with others with similar life challenges is empowering and validating, as members discover that they are not alone and that others share their experiences, feelings, and reactions (Knight & Glitterman, 2014).

Group members walk in the same shoes and, therefore, have a keener understanding of each other's life stressors, challenges, and distress. Their provision of support and demands for work has a unique impact, given the credibility that comes along with being in the same boat (Shulman, 2008). Small, time-limited groups are particularly likely to lead to the intimacy and cohesiveness necessary to promote mutual aid (Knight & Glitterman, 2014).

The benefit of altruism refers to the experience of a member giving, not just receiving, assistance to another (Yalom & Leszcz, 2007). In a group, members have the opportunity to give and receive support, understanding, comfort, suggestions, and the like. This ability to give to others is empowering and enhances feelings of self-efficacy,

which promote approach-oriented coping in bereaved individuals (Knight & Glitterman, 2014).

MacNair-Semands, Ogrodniczuk, and Joyce (2010) offer other relevant advantages of group, including its function as a forum for sharing information, whereby members learn from hearing each others' perspectives. Bereaved individuals can discover new ways of coping and managing their grief as they listen to the experience of others. Members who are further along in the bereavement process are reminded of the gains they have made as they learn about difficulties of other members; in turn, members who remain more challenged are encouraged by the progress they observe in others. This process instills hope in all the members (MacNair-Semands, Ogrodniczuk, & Joyce, 2010).

Haasl and Marnocha (2000) note that group counseling can also help children and adolescents cope more effectively with grief and loss. One way of assisting bereaved children and adolescents is to give them the opportunity to come together with other grieving young people and help them to learn about and share their grief (Haasl & Marnocha, 2000). Graydon, Jimers, and Fisher (2010) stress that it is important for school-based mental health professionals to identify students who have similar needs and use developmentally appropriate activities to help them understand and cope with feelings of grief and loss. Several structured group curricula for grief and loss are available. Many of these programs have versions for multiple age levels, and most provide outlines, routines, and activities for groups lasting 10-12 weeks (Graydon, Jimers, & Fisher, 2010).

Group therapy helps children to know that what they are feeling is predictable, they are not alone, and other children have similar experiences (Fox, 1985; Schoeman & Kreitzman, 1997). Group therapy breaks the sense of isolation and weakens the feeling of being different or strange (Schoeman & Kreitzman, 1997). Members of a group are given the opportunity to vent feelings of pain, anger, guilt, and other strong feelings, while normalcy of reactions can be acknowledged (Corr, Nabe, & Corr, 1997). Groups have been employed with adolescents to address a variety of issues, including school dropout (Levinsky & McAleer, 2005), depression (Malekoff, 2004), pregnancy loss (Wheeler & Austin, 2001), and substance abuse (Baez, 2003).

Although there are mixed reviews of the efficacy of grief counseling groups, researchers generally found that, even in cases where there are no empirical results to support the efficacy of the group intervention, the children and parents involved indicated significant benefit from the groups. Such groups appear to provide children with a more realistic understanding of death and peer support at a time when many of their peers are withdrawing. Research also shows that groups have been found to encourage increased discussion between the children and their families, which can foster healing for all those affected by the loss (Samide & Stockton, 2002).

Barriers to Grief Counseling Groups in Public Schools

Much has been written about the barriers that prevent effective group work in schools. Some of the obstructive forces described are scheduling problems, teacher resistance, school policies and practices that limit student access, and the overall culture of schools (Dansby, 1996; Greenber, 2003; Ripley & Goodnough, 2001). One of the

major impediments to planning and implementing group counseling is that the academic culture and climate of high schools often runs counter to the type of environment necessary to implement group counseling (Bowman, 1987; Schmidt, 1999).

Perusse, Goodnough, and Lee (2009) believe that administrators can perceive group counseling to be outside the academic mission of the school, as students miss class time to attend group and their time is reduced on academic tasks. This perception often results in policies that restrict the availability of group counseling during lunch, study hall, or before or after school. A school policy that posits unconditionally that instructional time cannot be compromised derails the effective group counseling initiatives from the start (Perusse, Goodnough, & Lee, 2009). According to Tennyson, Miller, Skovalt, and Williams (1987), the overall frequency of group counseling in high schools has been found to be remarkably low.

According to Openshaw (2013, 2011), traditional support groups for grief are difficult to manage in the public schools. Setting up a regular time for a long-term support group is difficult. Students are usually penalized if they miss the same class period more than once. The primary focus of schools are academic in nature, which makes student participation in groups more challenging, as groups keep students away from the classroom where they need to do their academic work.

Teasley, Canifield, Archuleta, Crutchfield, and McCullough (2012) suggest that, as an organization whose primary mission is carried out by teachers and administrators, the school can be viewed on a continuum where it may facilitate and promote practice intervention for related service professionals, or it can inhibit and/or become a barrier to practice for nonessential personnel. Practice barriers are both similar and different for

related school services personnel and are generated on the basis of their roles within school systems (Teasley, Canifield, Archuleta, Crutchfield, & McCullough, 2012).

In a study focused on planning and implementing group counseling in a rural high school, Ripley and Goodnough (2001) found that implementing group counseling in a high school was contingent upon supportive school policies and personnel, through planning, and advocating for programmatic initiatives. Collaboration with administrators and faculty can lessen the logistical and bureaucratic concerns of the school environment that hinder group counseling initiatives (Ripley & Goodnough, 2001).

Reid and Dixon (1999) found that most teachers would require assistance from professionals when working with a child who had experienced a death. They also found that some educators would not be willing to address issues of death and dying in the classroom. This study also showed when clinical referrals for a grief group are sought from teachers, there are very few responses. Samide and Stockton (2002) note that counselors and educators may be uncomfortable discussing painful issues with children, which can present a barrier to providing grief counseling groups in a school setting.

School social workers also face barriers in providing intervention services to students. Although school social work is federally mandated, barriers are now being put in place to keep school social workers from intervening with students who they believe need their services. Whittlesey-Jerome (2012) emphasizes a two-fold dilemma. On the one hand, because of increasing caseloads of complex student and family issues, school social workers are being asked to do more. On the other hand, due to slowly decreasing workforce and stagnant pay, school social workers are being asked to need less

(Whittlesey-Jerome, 2012). These noted barriers for school social workers may also prevent them from conducting grief counseling group interventions for adolescents.

In a study entitled, *Perceived Barriers and Facilitators to School Social Work*, Teasley et al. (2012) used a convenience sample of 284 school social workers to identify barriers and facilitators to school social work practice within different geographic locations. In this study, the authors discovered that time constraints and caseloads were found to be the most commonly cited barriers to practice, and respondents from urban locations reported the highest number of barriers when compared with those from suburban and rural settings (Teasley et al., 2012). As a single category, school staff collaboration, communication, cooperation, and attitudes were cited as the most common facilitator and the highest ranked facilitator of practice. The authors conclude that differences in perceived barriers among locations highlight the importance of understanding the dynamics and unique needs of a given service area (Teasley et al., 2012).

Barriers to school social work practice are sociocultural, economic, environmental, personal, systematic, and institutional factors that may hinder service intervention (Adelman, & Taylor, 2002, 2005). Low access and involvement by parents and teachers, low resources, time constraints, and poor relations with school teachers and administrators have all been identified as barriers to school social work intervention (Adelman & Taylor, 2002, 2005; Gerardi, 2008; Ruiz, 2008; Teasely, Gouridine, & Canifield, 2010).

In a study of barriers to the implementation of evidence-based practice for school violence intervention, Cawood (2010) identified lack of time for adequate preparation,

A 2010 mixed-methods study conducted by Teasely, Gourdine, & Canifield, examined perceived barriers and facilitators to culturally competent school social work practice. In this investigation, school-based personnel (teachers and administrators), low knowledge of awareness of school social work tasks, and lack of resources were identified as barriers to culturally competent school social work practice (Teasley et al., 2010). Allen-Meares (1994) conducted a national study that focused on assessing the preferred tasks for school social workers. Allen-Meares discovered that barriers to school social work practice are oftentimes influenced by a number of school variables that are beyond the control of the practitioners, including large caseloads, multi-building assignments, unreasonable expectations by supervisors, and administrators who are not of the same professional background.

School social workers often face challenges of having to validate their presence as a school professional, especially compared to school psychologists and school counselors. Why are school social workers more often vulnerable to being underappreciated and not understood by school personnel than other mental health-based school professionals? School social workers' lack of legitimacy may stem from poorly defined role expectations and professional/educational requirements for state-level certification (Altshuler & Webb, 2009). This may also produce additional barriers for school social workers.

Theoretical Framework

The theoretical framework for this study is based on John Bowlby's Attachment Theory (Bowlby, 1973). Attachment is concerned with the attachments and bonds that

are developed early in life and have a foundation for security and survival for the individual. Underlying the theory is the belief that attachment behavior is instinctive and mediated by a behavioral system that is responsible for attachment; retaining proximity to some other differentiated and preferred individual becomes a set goal. During the course of healthy development, attachment behavior leads to the development of affectional bonds or attachments, initially between child and parent, and later between adult and adult. These bonds and attachments are active throughout the life cycle (Bowlby, 1973; Dunne, 2004).

According to attachment theory, the repeated interactions between infants and their primary caregivers during their first year of life establish predictable, internalized examples about caregiver behavior in response to the infant's attachment needs (Bowlby, 1980). Attachment behaviors, both the signaling calls of distress and the engaging sounds and gestures of pleasure, are fundamental to the offspring's survival. Schore (2001) purport that infants' physical features amplify emotional expression and elicit greater adult responsiveness. For example, infants have proportionally larger eyes and larger heads and motor behaviors that engage in proximity seeking. Their caregivers are also psychobiologically predisposed to respond to their infant's expressive cues (Schore, 2001).

These early dyadic engagements are deeply etched into implicit memory systems of parents, who will then implicitly enact these dyadic experiences when they interact with their own offspring. As the individual develops, these repeated attachment experiences shape subsequent relational interactions and inform coping behavior during stressful situations. These behaviors are transmitted to future generations unless some

major perturbing life event alters these active internalized examples (Hesse, Main, Abrams, & Rifkin, 2003; Hughes, Turton, McGauley, & Fonagy, 2006; van Ijzendoorn, 1955).

Attachment is an overall term that refers to the state and the quality of an individual's attachments, to feel attached is to feel safe and secure (Holmes, 1993). Conversely, a threat of loss creates anxiety, and actual loss creates sorrow. An attachment relationship is characterized by the presence of three key features: 1) Proximity: seeking of a preferred figure, for example, parent seeking child, or child seeking parent; 2) The 'secure-base' effect: when danger is near, clinging to the attachment figure; 3) Separation protest: the primary response in children by separation from their parents (Holmes, 1993).

Bowlby (1980) postulates that whereas an attachment bond endures, the various forms of behavior that contribute to it are active only when required and are activated by certain conditions, such as strangeness, anything frightening, or the unavailability of the attachment figure. Conversely, a familiar environment, and the availability of the attachment figure, inactivate the behaviors (Dunne, 2004).

Attachment behavior is activated in both caregiver and child during all threat situations, including the inherent dangers that loom during separation experiences (Bowlby, 1980). During separation, the psychobiological response of parents is to protect their offspring. Active seeking behaviors are necessary to find, console, and protect their child, and the child's attachment behaviors are to actively seek the caregiver for comfort. The optimal secure/autonomous attachment behavior provides predictability and a sense of safety for the offspring. Based on these experience-dependent responses,

the child acquires an abiding faith that all will work out and that safety and comfort are reliable ingredients offered to them during their developmental years (Sroufe, Egeland, Carlson, & Collins, 2005). For this child, security found in attachment experiences promotes healthy and robust endeavors to actively explore the world. They will use secure attachment experiences to buttress the acquisition of new skills to organize effective coping strategies during threat (Thomson, 2010).

According to Bowlby (1980), many of the most intense emotions arise during formation, maintenance, disruption, and renewal of attachment relationships; for example, falling in love or losing a partner, which are a reflection of the state of the person's affectional bonds. Behavior complimentary to attachment is caregiving. This is commonly shown by a parent or adult to child or adolescent, but is also shown in times of sickness, stress, or old age (Bowlby, 1980).

In an attempt to explore attachment behavior during adolescence, Uytun, Oztop, and Esel (2013) illustrate these components in their work titled, *Evaluating the attachment behavior during puberty and adulthood*. The authors state that the attachment behavior, which begins to be established during infancy, may continue its influence all lifelong (Uytun, Oztop, & Esel, 2013).

During the aforementioned period, the attachment developed between primary caregiver (usually the mother) and the baby, is inclined toward peers during the puberty period. When she/he reaches adulthood, the partner with whom an emotional relationship is established takes first place. These attachment patterns which continue without any basic change have an influence on several areas such as the personal and

social life, professional relationships, stress control, physiological and psychological health, and cognitive development of an individual (Uytun, Oztop, & Esel, 2013).

Uytun, Oztop, and Esel (2013) maintain that those who developed a safe attachment during their puberty period and adulthood are able to cope with problems in their life better and experience fewer problems. On the contrary, the individuals who developed insecure attachments, experience problems with their relationships during puberty and adulthood. Moreover, it is considered that insecure attachment has a role in the development of many psychopathologies during puberty and adulthood (Uytun, Oztop, & Esel, 2013).

By far, the most common conceptualization of grief is the ethological (the survival value of attachment) explanation of grief, which focuses on attachment theory (Dunne, 2004). The survivor wonders “what am I worth?” and “Who am I ?” without this attachment (Bowlby 1973).

Bowlby’s (1973) attachment theory helps to conceptualize the tendency for human beings to make strong affectional bonds with others, and helps to provide understanding of the strong emotional reaction that occurs when these bonds are threatened or broken. Emotional distress is assumed to be inevitable psychological reaction to the involuntary breaking of attachments (Dunne, 2004). Martin and Weston (1998) explain the pain of grief comes from the readjustments individuals have to make as they are forced to detach and separate themselves from those lost “objects” and find new relationships to invest in emotionally.

The ability to redefine the self and the self-in-the-world and to find meaning in a life that must continue without a loved one is a challenge for most bereaved individuals

(Matthews & Marwit, 2004; Neimeyer, Baldwin, & Gillies, 2006; Rubin, 1999). This challenge may be amplified for those who are already struggling with pre-loss insecure attachment states of mind. When the loss is a result of a sudden violent act (suicide, homicide, or fatal accident), the grieving process is often further compounded for all individuals (Anderson, Marwit, Vanderberg, & Chibnall, 2005; Currier, Holland, & Neimeyer, 2006; Davis, Wohl, & Verberg, 2007). These individuals are vulnerable to complications inherent in traumatic loss (Currier et al., 2006), and their early attachment histories will further color how effective they are at navigating their grief (Shaver & Fraley, 2008).

In recent years, research regarding the mother-child relationship focused largely on attachment. The most important reason for this situation is the mother-child relationship research has become most important for the next generation (Uytun, Oztop, & Esel, 2013). Empirical studies support a probabilistic relationship between quality of attachment and clinical status (and by inference, psychological adaptation) during adolescence and throughout the life span generally. According to Uytun, Oztop, and Esel (2013), it is thought that when the quality of early attachment is healthy, successful psychological adjustment, strong relationships and good physical health throughout life may be developed. Furthermore, having knowledge about an individual's attachment pattern may help us to understand the reason for the psychopathologies and to plan the psychotherapies (Uytun, Oztop, & Esel, 2013).

Main (2000) acknowledges that individuals with secure/autonomous states of mind are able to renegotiate their identity, especially during times of bereavement. Many are able to activate attachment interactions with others. They are able to activate

attachment behaviors of proximity and comfort seeking during these painful times and openly discuss previous and current difficulties. They can usually flexibly regulate their attentional and emotional processes of bereavement as they struggle to redefine their sense of self (Main, 2000).

CHAPTER III

METHODOLOGY

Chapter III presents the methods and procedures that were used in conducting the study. The following are described: research design; description of the site; sample and population; instrumentation; treatment of data, and limitations of the study.

Research Design

A descriptive and explanatory research design was employed in this study. The study was designed to obtain data in order to describe and explain the select barriers to grief counseling groups for adolescents by Georgia public school social workers.

The descriptive and explanatory research design allowed for descriptive analysis of the demographic characteristics of the respondents. Also, this research design facilitated the explanation of the statistical relationship between the amount of time, caseloads, and administrative support which are considered barriers to grief counseling groups for adolescents in Georgia public schools.

Description of the Site

The research study was conducted at the 2014 School Social Workers Association of Georgia Spring Conference, which was held in Savannah Georgia at the Savannah Marriott Riverfront Hotel. The School Social Workers Association of Georgia hosts two

conferences annually. One conference is held in the fall of every year and one conference is held in the spring of every year. The theme for the 2014 conference was “Courage, Hope, & Leadership.” The surveys were administered at the 2014 conference. The 2014 School Social Workers Association of Georgia, Spring Conference site was selected because the State President for the School Social Workers Association of Georgia was very cooperative, accessible and demonstrated a genuine interest in the purpose and outcome of the proposed research.

Sample and Population

The target population for the research was composed of active members of the School Social Workers Association of Georgia. A goal of seventy five (75) respondents was selected utilizing non probability convenience sampling from among the participants of the selected Savannah site for the study.

Instrumentation

The research study employed a survey questionnaire entitled *A Study of Barriers to Grief Counseling Groups for Adolescents in School*. The survey questionnaire consisted of two sections with a total of fourteen (14) questions. Section I solicited demographic information about the characteristics of the respondents. Section II consisted of questions surrounding grief counseling and barriers to grief counseling.

Section I of the survey questionnaire consisted of eight questions (1 thru 8). Of the eight questions, selected questions were used as independent variables of the study. The questions in Section I were concerned with gender, ethnicity, education, years of practice, number of school facilities served, school system setting, licensure, and

experience with conducting grief counseling groups for adolescents. These questions provided information for the presentation of a demographic profile on the respondents of the research study.

Section II consisted of statements (9 thru 14). Section II examined grief counseling and barriers to grief counseling. The statements were as follows: grief impacts adolescents and interferes with teaching and learning in schools, a comfort level with grief is required in order to conduct grief counseling, grief counseling groups are effective interventions for adolescents, there is not enough time in the school day to do grief counseling groups, school administrators are not supportive of grief counseling groups for adolescents, and school social work case loads are too heavy to do grief counseling groups. Items in section II were responded to on a four point continuum Likert scale. The scale was as follows: 1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree.

Treatment of Data

The Statistical Package for the Social Sciences (SPSS) was used to analyze the data. The analysis used descriptive statistics, which included measures of central tendency, frequency distribution, and cross tabulation. The test statistics for the study were phi and chi square.

Frequency distribution was used to analyze each of the variables of the study in order to summarize the basic measurements. A frequency distribution of independent variables was used to develop a demographic profile and to gain insights about the respondents of the study.

Cross tabulations were utilized to demonstrate the statistical relationship between independent variables and the dependent variable. Cross tabulations were conducted between the amount of time provided during a school day and conducting grief counseling groups, administrative support and conducting grief counseling groups, and school social work caseloads and conducting grief counseling groups.

Two test statistics will be employed. The first was Phi (ϕ) which is a symmetric measure of association that is used to demonstrate the strength of relationship between two or more variables (Knoke and Bohrnstedt, 1995). The following are values associated with phi (ϕ):

.00 to .24	“no relationship”
.25 to .49	“weak relationship”
.50 to .74	“moderate relationship”
.75 to 1.00	“strong relationship”

The second test statistics employed in the research study was chi square. Chi square was used to test whether there was a significant statistical significance at the .05 level of probability among the variables in the study.

Limitations of the Study

There are three basic limitations to this study. The number of surveys administered (75) will not allow the researcher to generalize to the overall population of school social workers. The majority of respondents were women which may cause a limited male perspective on the topic of the study. This may impact the overall research analysis. The survey has not been used in a previous study.

CHAPTER IV

PRESENTATION OF FINDINGS

The purpose of this chapter is to present the findings of the study in order to describe and explain the select barriers to grief counseling groups for adolescents as defined by school social workers in Georgia public schools. This chapter presents the findings of this study. The findings are organized into two sections: respondent demographic data, research questions and hypotheses.

Demographic Data

This section provides a profile of the study respondents. Descriptive statistics are used to analyze the following: gender, ethnicity, education, number of years of practice, number of school facilities served, school system setting, licensure, and experience with conducting grief counseling groups for adolescents.

The target population for the research is composed of active members of the School Social Workers Association of Georgia. Seventy-five (75) respondents were selected utilizing non probability convenience sampling from among the participants of the selected site for the study (see Table 1).

Table 1

Demographic Profile of Study Respondents (N=75)

Variable	Frequency	Percent
Gender		
Male	4	5.7
Female	71	94.7
Ethnicity		
African American	46	61.3
White	25	33.3
Hispanic	2	2.7
Other	2	2.7
Education		
BSW	1	1.3
MSW	63	84.0
DSW/PHD	6	8.0
Other	5	6.7
Years Practicing Social Work		
1-5	2	2.7
6-10	18	24.0
Over 10 years	55	73.3

Table 1 (continued)

Variable	Frequency	Percent
Number of School Facilities Served		
1	8	10.7
2-3	9	12.0
4 or More	58	77.3
School System Setting		
Rural	45	60.0
Urban	30	40.0
Licensure		
No	33	44.0
Yes	42	56.0
Conduct Grief Groups		
No	42	56.0
Yes	33	44.0

As indicated in Table 1, the typical respondent is an African-American female with a Master's level degree in social work and over ten years of experience practicing as a school social worker. Table 1 also indicates that the typical respondent does have a social work license (LMSW or LCSW) and practices social work in a rural school setting. The data from Table 1 indicates 77.3% of respondents serve in four or more

school facilities and 56.0% of respondents have never conducted grief counseling groups for adolescents.

Table 2 is a frequency distribution of statements from the respondents about grief counseling. The statements are as follows: grief impacts adolescents and interferes with teaching and learning in schools; a comfort level with grief is required in order to conduct grief counseling; and grief counseling groups are effective interventions for adolescents.

Table 2

Grief Counseling for Adolescents in Schools

Grief Counseling	Disagree		Agree		Total	
	#	%	#	%	#	%
Grief impacts adolescents	4	5.3	71	94.7	75	100.0
A comfort level is required	3	4.0	72	96.0	75	100.0
Grief counseling groups are effective	2	2.7	73	97.3	75	100.0

Table 2 indicates 94.7% of typical respondents agreed that grief impacts adolescents and interferes with teaching and learning in schools. Of the typical respondents, 96.0% agreed that a comfort level with the topic is required in order to

conduct grief counseling. Also, 97.3% of typical respondents agreed that grief counseling groups are effective interventions for adolescents in school.

Table 3 is a frequency distribution of statements from the respondents about barriers to grief counseling in schools for adolescents. The statements are as follows: there is not enough time provided during a school day to do grief counseling groups; school administrators are not supportive of grief counseling groups for adolescents; and school social work case loads are too heavy to do grief counseling groups.

Table 3

Barriers of Grief Counseling for Adolescents in Schools

Barriers	Disagree		Agree		Total	
	#	%	#	%	#	%
There is not enough time	23	30.7	52	69.3	75	100.0
School administrators are not supportive	52	69.3	23	30.7	75	100.0
Caseloads are too heavy	24	32.0	51	68.0	75	100.0

Table 3 indicates that typical respondents agreed that there is not enough time provided during a school day to conduct grief counseling groups. Of the 75 respondents, 69.3% agreed that there is not enough time provided during a school day to conduct grief counseling groups. Of the typical respondents, 69.3% disagreed that school administrators are not supportive of grief counseling groups for adolescents. Also, 68.0%

of typical respondents agreed that school social work caseloads are too heavy to conduct grief counseling groups.

Research Questions and Hypotheses

There are three research questions and null hypotheses in the study. This section provides an analysis of the research questions and a testing of the null hypotheses.

Research Question 1: Is there a relationship between time provided during a school day and conducting grief counseling groups?

Hypothesis 1: There is no relationship between time provided during a school day and conducting grief counseling groups.

Table 4 is a cross tabulation of the amount of time provided during a school day by conducting grief counseling groups. It shows the association between the amount of time provided during a school day and conducting grief counseling groups and indicates whether or not there is a statistically significant relationship between the two variables.

Table 4

Not enough time in the school day to do grief counseling by Have you conducted grief counseling

	Have you conducted counseling?					
	No		Yes		Total	
	#	%	#	%	#	%
Not enough time in the school day						
Disagree	10	13.3	13	17.3	23	30.7
Agree	32	42.7	20	26.7	52	69.3
Total	42	56.0	33	44.0	75	100.0

Phi = .168 df 1 Chi-Square = .14

As shown in Table 4, 69.3% of respondent school social workers agreed that there is not enough time provided during a school day to conduct grief counseling groups. The data in Table 4 shows that 56.0% of respondents have never conducted grief counseling groups. The statistical measure of phi (Φ) is used to test for the strength of association between the amount of time provided during a school day and conducting grief counseling groups. No association exists ($\Phi=.168$) between the two variables. When the chi square statistical test for significance is applied to this data ($p=.14$), the null hypothesis is not rejected. There is no statistically significant relationship found between the two variables.

Research Question 2: Is there a relationship between administrative support and conducting grief counseling groups?

Hypothesis 2: There is no relationship between administrative support and conducting grief counseling groups.

Table 5 is a cross tabulation of administrative support by conducting grief counseling groups. It shows the association between administrative support and conducting grief counseling groups, and indicates whether or not there is a statistically significant relationship between the two variables.

Table 5

Administrators not supportive of doing grief counseling by Have you conducted grief counseling

	Have you conducted counseling?					
	No		Yes		Total	
	#	%	#	%	#	%
Administrators not supportive						
Disagree	30	40.0	22	29.3	52	69.3
Agree	12	16.0	11	14.7	23	30.7
Total	42	56.0	33	44.0	75	100.0

Phi = .051 df 1 Chi-Square = .65

As shown in Table 5, only 30.7% of school social work respondents agreed that school administrators are not supportive of grief counseling groups for adolescents. The statistical measurement of phi (Φ) was used to test the strength of the association between administrative support and conducting grief counseling groups. No association exists ($\Phi = .051$) between administrators' support and conducting grief counseling groups. When the chi square statistical test for significance is applied, the null hypothesis is not rejected ($p = .65$), indicating no statistically significant relationship between the two variables.

Research Question 3: Is there a relationship between social work caseloads and conducting grief counseling groups?

Hypothesis 3: There is no relationship between social work caseloads and conducting grief counseling groups.

Table 6 is a cross tabulation of social work caseloads by conducting grief counseling groups. It shows the association between social work caseloads and conducting grief counseling groups, and indicates whether or not there is a statistically significant relationship between the two variables.

Table 6

Caseloads too heavy to do grief counseling by Have you conducted grief counseling

Caseloads too heavy	Have you conducted counseling?					
	No		Yes		Total	
	#	%	#	%	#	%
Disagree	15	20.0	9	12.0	24	32.0
Agree	27	36.0	24	32.0	51	68.0
Total	42	56.0	33	44.0	75	100.0

Phi = .090 df 1 Chi-Square = .43

As shown in Table 6, a majority of school social work respondents (68.0%) agreed that social work caseloads are too heavy to conduct grief counseling groups. The statistical measurement of phi (Φ) was used to test the strength of the association between social work caseloads and conducting grief counseling groups. No association exists ($\Phi = .090$) between social work caseloads and conducting grief counseling groups. When the chi square statistical test for significance is applied, the null hypothesis is not rejected ($p = .43$), indicating no statistically significant relationship between the two variables.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The research study was designed to answer three questions concerning selected barriers to grief counseling groups for adolescents by school social workers in Georgia public schools. The conclusions and recommendations of the research findings are presented in this chapter. Recommendations are proposed for future discussion for educational leaders, institutions of higher education, social workers, policy makers, and all individuals who work with youth, particularly adolescents. Each research question is presented in order to summarize the significant findings of interest.

Research Question 1: Is there a relationship between time provided during a school day and conducting grief counseling groups?

Cross tabulation analysis reveals that there is no statistical significance between the amount of time provided during a school day and conducting grief counseling groups. The data indicates that there is no relationship between the amount of time provided during a school day and conducting grief counseling groups (see Table 4). The null hypothesis was not rejected. Although there is not a statistical significance between the time and conducting grief counseling groups, frequency distribution analysis reveals that

a high percentage of respondents do agree that time is needed in order to conduct grief counseling groups for adolescents in schools. Of the 75 school social workers sampled, 69.3% agreed that there is not enough time provided in a school day to conduct grief counseling groups (see Table 3). Frequency distribution analysis also indicates that 56% of respondents have never conducted grief counseling groups (see Table 1).

Research Question 2: Is there a relationship between administrative support and conducting grief counseling groups?

Cross tabulation analysis reveals that there is no statistical significance between administrative support and conducting grief counseling groups. Data indicate that there is no relationship between administrative support and conducting grief counseling groups (see Table 5). The null hypothesis was not rejected. Frequency distribution analysis indicates that 69% of respondents disagreed to not having enough administrative support in order to conduct grief counseling groups (see Table 3).

Research Question 3: Is there a relationship between social work caseloads and conducting grief counseling groups?

Cross tabulation analysis reveals that there is no statistical significance between social work caseloads and conducting grief counseling groups (see Table 6). Data indicate that there is no relationship between social work caseloads and conducting grief counseling groups. However, frequency distribution data indicate that 68% of school

social worker respondents agreed that school social work caseloads are too heavy to conduct grief counseling groups.

The findings of this study indicate that selected barriers, such as the amount of time provided during a school day, administrative support, and social work caseloads do not contribute to school social workers efforts in conducting grief counseling groups. However, the frequency distribution analysis reveals that 69.3% of the sample population agreed that there is not enough time in the school day to conduct grief counseling groups. Of the 75 sampled school social workers, 30.7% agreed that school administrators are not supportive of grief counseling groups, and 68.0% agreed that school social work caseloads are too heavy to conduct grief counseling groups.

The findings of this study also indicate that the 94.7% of responding school social workers agreed that grief impacts and interferes with teaching and learning in schools; however, 56.0% of respondents have never conducted grief counseling groups for adolescents. The majority of respondents (96.0%) also agreed that a comfort level with the topic of grief is required in order to conduct grief counseling groups. These findings are critical in order to understand why grief group counseling interventions are being underutilized by school social workers as interventions for adolescents in schools.

Study findings also show that 60.0% of respondents practice school social work in a rural school setting and 77.3% serve over 4 or more schools. This data support the need to provide appropriate resources and professional development for school social workers who practice in a rural setting. The data also support the need for strategic and efficient use of school social workers professional skill capacities, as the majority of school social workers sampled serve multi-building assignments.

Implications

The findings of this research study indicate that grief counseling groups are underutilized interventions by Georgia public school social workers, who are members of the School Social Workers Association of Georgia organization. Although Georgia public school social workers recognize the importance of grief counseling groups as effective interventions for adolescents, grief counseling groups are not being conducted at higher percentages by school social workers for adolescents, based on the frequency distribution data.

Findings also reveal that the select barriers – amount of time provided during a school day, administrative support, and social work caseloads – do not have statistically significant relationships between conducting grief counseling groups. This suggests that although selected barriers exist within school systems they are not statistical contributions to whether or not a grief counseling group is conducted by school social workers.

The findings of this study suggest the following implications:

1. Institutions of higher education should provide a greater emphasis on group counseling curriculum instruction, particularly grief group counseling, as a foundational program for Master's level degree social work students.
2. Institutions of higher education should provide a greater emphasis on group counseling training opportunities, particularly grief group counseling, for Master's level degree social work students.

3. Public schools should encourage school social workers to conduct grief group counseling in schools, as research shows the impact that grief has on adolescents both socially and academically.
4. Public schools should also provide school social workers with the time needed to conduct grief group counseling in schools for adolescents.
5. State education departments should provide more financial resources to rural school systems, which would allow for more professional development in the area of grief group counseling, in order to effectively facilitate and conduct grief group counseling interventions for adolescents.
6. State education departments should provide more financial resources to school systems to hire more school social workers in order to reduce school social work caseloads. This can contribute to more efficient and quality services to students.
7. School social workers should continue to advocate for their profession and recognize the need for a greater emphasis on their development of competencies related to grief counseling group interventions.
8. School social workers must seek and/or create opportunities to increase awareness of the benefits of the school social worker as an integral partner in school leadership and school wide decision making related to appropriate services for students.
9. More research should be conducted on the importance of school social worker roles in providing interventions to students who experience grief.

APPENDIX A

LETTER TO PARTICIPANTS

A STUDY OF BARRIERS TO GRIEF COUNSELING GROUPS FOR ADOLESCENTS BY SCHOOL SOCIAL WORKERS IN GEORGIA PUBLIC SCHOOLS

You are invited to participate in a study that seeks to explore the barriers of grief group counseling for adolescents by Georgia public school social workers. This study consists of a questionnaire with 14 questions. The findings will be used in an analysis for my dissertation.

There are no known risks to participants who agree to take part in this research. There are no known personal benefits to participants who agree to take part in this research. However, it is anticipated that those who participate in this study will help research in the field of social work education, social work group practice, and the professional development of school social work as a specialty area in the United States.

I would appreciate your cooperation. Since all of the responses are confidential, please do not put your name on the questionnaire. Choose only one answer for each question. Please respond to all questions. The questionnaire will take less than five minutes to complete.

Participation in this study is voluntary. If participants have questions about the study, they can contact the principal investigator-Kiana Battle by email at kiana.battle@lamar.k12.ga.us. Participants may also contact Dr. Richard Lyle, Advisor in the School of Social Work at Clark Atlanta University at 404 880 8006. Please note: by participating in this questionnaire, you are giving consent to the principal investigator to analyze your responses for the investigator's dissertation research.

Thank you
Kiana Battle, LMSW

APPENDIX B
IRB APPROVAL LETTER



CLARK ATLANTA UNIVERSITY
Institutional Review Board
Office of Sponsored Programs

November 22, 2013

Ms. Kiana Battle <Kiana.battle@lamar112.ga.us>
School of Social Work
Clark Atlanta University
Atlanta, GA 30314

RE: A Study of Barriers to Grief Counseling Groups for Adolescents by School Social Workers in Georgia Public Schools.

Principal Investigator(s): Kiana Battle

Human Subjects Code Number: HR2013-11-494-1

Dear Ms. Battle:

The Human Subjects Committee of the Institutional Review Board (IRB) has reviewed your protocol and approved of it as exempt in accordance with 45 CFR 46.101(b)(3).

Your Protocol Extended Approval Code is HR2013-11-494-1/A

This permit will expire on November 21, 2014. Thereafter, continued approval is contingent upon the annual submission of a renewal form to this office.

The CAU IRB acknowledges your timely completion of the CITI IRB Training in Protection of Human Subjects – "Social and Behavioral Sciences Track". Your certification is valid for two years.

If you have any questions, please contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404) 880-6979 or Dr. Paul I. Musey, (404) 880-6829.

Sincerely:

Paul I. Musey, Ph.D.
Chair
IRB: Human Subjects Committee

cc. Office of Sponsored Programs, "Dr. Georgianna Bolden" <gbolden@cau.edu>

APPENDIX C

SSWAG RESEARCH PERMISSION FORM



SCHOOL SOCIAL WORKERS ASSOCIATION OF GEORGIA

Trevia C. Killen
President

October 28, 2013

Georgina Battle
Vice President

Kiana Battle, LMSW
Lamar County Schools
School Social Worker

Jeff Baker
Vice President

Patricia Johnson
President

To Whom It May Concern:

Terence Walker
Secretary

Theresa Gierke
Director I

Kiana Battle has my permission to conduct research with members of the School Social Workers Association of Georgia (SSWAG), in pursuit of research related to exploring the barriers of grief group counseling for adolescents by Georgia public school social workers. This permission is given with the understanding that the proposed study will be conducted in accordance with Clark Atlanta University's guidelines. Should you have any questions or concerns, please feel free to contact me at trevia.c.killen@gaia.org, or 478-338-6853.

Julia Keaton
Director II

Juliane Parks
Director I

Cynthia Lamar
Director I

Jan Lynn
Director I

Sincerely,

Olivia Shores
Director II

Namanyia Allen
Director I

Trevia C. Killen, Ed.S., President
School Social Workers Association of Georgia

Sherry Johnson
Director II

Christy Little
Director II

Kenneth Brown
Director II

MISSION STATEMENT

The School Social Workers Association of Georgia exists to improve the quality of services to students so as to enhance their individual and educational potential.

APPENDIX D

IASWG ENDORSEMENT LETTER

On Wed, Jan 15, 2014 at 1:28 AM, Carol Cohen <cohen5@adelphi.edu> wrote:

Dear Kiana,

Hope your new year is off to a good start. My apologies for not responding sooner about the status of your SPARC Proposal.

The IASWG Board has voted to endorse your proposal to the SPARC Program to conduct your dissertation research on school social workers' perceptions of grief counseling groups with adolescents. We are hopeful that this endorsement and cooperation will help in achieving your goals and advancing group work practice and education. Your project has great promise in advancing our professional knowledge base.

Please note that the endorsement is contingent on your submission of an approved IRB or equivalent document to the SPARC Committee, detailing human subject protections and full methodology.

I am happy to answer any questions about the endorsement and how the IASWG can be of assistance. We will be posting a brief description of your project at www.iaswg shortly and will be back in touch within the next two weeks to review the posting with you.

Congratulations and Very Best Wishes,

Carol

Dr. Carol S. Cohen, Associate Professor
Adelphi University School of Social Work
One South Avenue
Garden City, New York 11530
[516.877.4427](tel:516.877.4427)
cohen5@adelphi.edu

APPENDIX E

SURVEY QUESTIONNAIRE

A Study of Barriers to Grief Counseling for Adolescents in Schools Kiana Battle, LMSW

Section I. Demographic Information

Place a mark (x) next to the appropriate item. Choose only one answer for each statement.

1. Gender: 1) ___ Male 2) ___ Female
2. Ethnicity: 1) ___ African Amer./ Black 2) ___ White 3) ___ Hispanic 4) ___ Asian 5) ___ Other
3. Social Work Education : 1) ___ BSW 2) MSW ___ 3) ___ DSW/PhD 4) ___ Other
4. Years Practicing Social Work: 1) ___ 1-5 2) ___ 6-10 3) ___ Over 10 Years
5. Number of school facilities you serve now: 1) ___ 1 2) ___ 2-3 3) ___ 4 or more
6. School System Setting: 1) Rural ___ 2) Urban ___
7. Are you a licensed social worker (i.e. LMSW-LCSW): 1) ___ No 2) ___ Yes
8. Have you conducted grief counseling groups for adolescents? 1) ___ No 2) ___ Yes

Section II. Instrument

How much do you disagree or agree with the following statements

Please write the appropriate number in the blank beside each statement

1=Strongly Disagree

2= Disagree

3=Agree

4 = Strongly Agree

Grief Counseling

- ___ 9. Grief impacts adolescents and interferes with teaching and learning in schools.
- ___ 10. A comfort level with grief is required in order to conduct grief counseling.
- ___ 11. Grief counseling groups are effective interventions for adolescents.

APPENDIX E

(continued)

Barriers

- _____ 12. There is not enough time in the school day to do grief counseling groups.
- _____ 13. School administrators are not supportive of grief counseling groups for adolescents.
- _____ 14. School social work case loads are too heavy to do grief counseling groups.

APPENDIX F

SPSS PROGRAM ANALYSIS

TITLE 'A STUDY OF BARRIERS TO GRIEF COUNSELING FOR ADOLESCENTS'.
SUBTITLE 'Kiana Battle - CAU PhD Program'.

DATA LIST FIXED/

ID 1-3

GENDER 4

ETHNIC 5

EDUCAT 6

YEARS 7

NUMBER 8

SCHOOL 9

LICENSE 10

CONDUCT 11

IMPACT 12

COMFORT 13

GROUPS 14

NOTIME 15

ADMINI 16

CASE 17.

VARIABLE LABELS

ID 'Case Number'

GENDER 'Q1 Gender'

ETHNIC 'Q2 Ethnicity'

EDUCAT 'Q3 Social Work Education'

YEARS 'Q4 Years practicing social work'

NUMBER 'Q5 Number of school facilities you serve now'

SCHOOL 'Q6 School System setting'

LICENSE 'Q7 Are you a licensed social worker'

CONDUCT 'Q8 Have you conducted grief counseling groups for adolescents'

IMPACT 'Q9 Grief impacts adolescents and interferes with teaching and learning in schools'

COMFORT 'Q10 A comfort level with the topic is required in order to conduct grief counseling'

APPENDIX F

(continued)

GROUPS 'Q11 Grief counseling groups are effective interventions for adolescents in school'

NOTIME 'Q12 There is not enough time in the school day to do grief counseling groups'

ADMINI 'Q13 School administrators are not supportive of grief counseling groups for adolescents'

CASE 'Q14 School social work case loads are too heavy to do grief counseling groups.'

VALUE LABELS

GENDER

1 'Male'

2 'Female'/

ETHNIC

1 'AfricanAmerican'

2 'White'

3 'Hispanic'

4 'Asian'

5 'Other'/

EDUCAT

1 'BSW'

2 'MSW'

3 'DSW-PhD'

4 'Other'/

YEARS

1 '1-5 yrs'

2 '6-10 yrs'

3 'Over 10yrs'/

NUMBER

1 'One'

2 '2-3'

3 '4 or more'/

SCHOOL

1 'Rural'

2 'Urban'/

LICENSE

1 'No'

2 'Yes'/

APPENDIX F

(continued)

CONDUCT

1 'No'

2 'Yes'/'

IMPACT

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree'/'

COMFORT

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree'/'

GROUPS

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree'/'

NOTIME

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree'/'

ADMINI

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree'/'

CASE

1 'Strongly Disagree'

2 'Disagree'

3 'Agree'

4 'Strongly Agree'/'.

RECODE IMPACT COMFORT GROUPS NOTIME ADMINI CASE (1 THRU 2.99=2)
(3 THRU 4.99=3).

MISSING VALUES

GENDER ETHNIC EDUCAT YEARS NUMBER SCHOOL

LICENSE CONDUCT IMPACT COMFORT GROUPS NOTIME ADMINI CASE (0).

APPENDIX F

(continued)

BEGIN DATA

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03921232111424311
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APPENDIX F

(continued)

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 END DATA.

FREQUENCIES

/VARIABLES GENDER ETHNIC EDUCAT YEARS NUMBER SCHOOL
 LICENSE CONDUCT IMPACT COMFORT GROUPS NOTIME ADMINI CASE
 /STATISTICS = DEFAULT.

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